PTO/SB/17 (10-07)
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Fees pursuant to the	Effective on 12/08/20 Consolidated Appropria	004. atons Act. 2005 (F	-l R. 4818).		Complete if Known				
				Application Nu	umber	10/570	,938		
FEE TRANSMITTAL				Filing Date		12/22/2	2006		
F (	or FY 20	08	!	First Named I		<del></del>	PAIN, G., et al	ı	
F-4	ns small entity status		1 27	Examiner Nan	ne	<del>                                     </del>	nty, D.J.		
		1		Art Unit		1796			
TOTAL AMOU	INT OF PAYMENT	(\$) \$1	180.00	Attorney Dock	cet No.	FR-AM	M1977NP		
METHOD OF PA	AYMENT (check all	l that apply)							
☐ Check ☐	Check Credit Card Money Order None Other (please identify):								
Deposit Accou	unt Deposit Accour	nt Number:	012717	Der	posit Acco	ount Name	e:	31684	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
⊠	Charge fee(s) indicated	d below		Cha	arge fee(s)	) indicated	i below, except	for the filing fee	
$\boxtimes$									
	fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and aut	thorization on PTO-203	38.	Cieum ou.	/G INIOIINAUOI. o	iouiu noc	De moiss	Jea on una ion	M. Provide creak caru	
FEE CALCULATION									
1. BASIC FILING	S, SEARCH, AND EX	XAMINATION F	EES						
	FILING F	FEES		CH FEES		EXAMIN/	ATION FEES		
Application Type	e Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	_	Fee (\$)	Small Entity Fee (\$)	Fees Paid(\$)	
Utility	330	165	540	270	_	220	110	Fees Falu(#)	
Design	220	110	100	50		140	70		
Plant	220	110	330	165		170	70 85		
Reissue	330	165	540	270		650	325		
Provisional	220	110	0	0		000	ა25 0		
2. EXCESS CLAI		110		· ·		U	U		
Fee Description	M FEES						Fee (\$)	Small Entity	
	0 (including Reissue	es)					52	<u>Fee (\$)</u> 26	
	t claim over 3 (includ						220	110	
Multiple dependen	•	J					390	195	
	Olata							Dependent Claims	
Total Claims	Extra Claim			Fee Paid (\$)			Fee (\$)	Fee Paid (\$)	
	or HP = r of total claims paid for,		<u>52.00</u> =	=\$0.00	-				
Indep. Claims	Extra Claim	. •		Fee Paid (\$)					
	or HP =	x\$22	20.00 =	= \$0.00	_				
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under									
37 CFR 1.52(e)), t	the application size for (a)(1)(G) and 37 CFF	ee due is \$270 (	(\$135 for	small entity) for	r each a	dditional	50 sheets or	fraction thereof.	
See 35 U.S.C. 41(	(a)(1)(G) and 37 CFF <u>Extra She</u>		ımher of e	ach additional 50	¹ or fracti	on therec	of Fee (\$	\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = / 50 (round up to a whole number) x _\$270.00 = \$0.00									
4. OTHER FEE(S)									
Non-English speci	ification, \$130 fee	(no small entity		ıt)					
Other (e.g., late fill	ing surcharge): IDS	per 37 CFR 1.9	77(c)					\$180.00	
SUBMITTED BY									
Signature	<b>*</b>	Bayl	R	Registration No. (Attorney/Agent)	310	)00	Telephone	215-419-5270	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

December 15, 2008

Steven D. Boyd, Esq.

Name (Print/Type)